2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State
04-30-2003 90190 043 ****55.00

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DOCUMENT # L02000007142

1. Entity Name
AQUI ESTA, LLC

Principal Place of Business	Mailing Address
2704 HIBISCUS COURT PUNTA GORDA FL 33950	2704 HIBISCUS COURT PUNTA GORDA FL 33950

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
318 Tamiami Trail	318 Tamiami TRAIL
Suite, Apt. #, etc. 14	Suite, Apt. #, etc. 14
City & State PUNTA GORDA, FL	City & State Punta Gorda, FL
Zip 33950 Country USA	Zip 33950 Country USA

4. FEI Number ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

PALMER, RICHARD D
2704 HIBISCUS COURT
PUNTA GORDA FL 33950

7. Name and Address of New Registered Agent

Name Herman Van Gucht
Street Address (P.O. Box Number is Not Acceptable) 318 TAMIAMI TRAIL; #14
City Punta Gorda FL Zip Code 33950

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, ~~or both, in the State~~ of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE HERMAN VAN GUCHT [signature] DATE 04-23-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AQUI ESTA MANAGEMENT, LLC ☐ Delete 318 Tamiami Trail; #14 Punta Gorda Fl 33950	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] SIGNATURE REQUIRED 04-23-03 1-941-505-1748
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #